ATTORNEY'S DOCKET NUMBER PHNL030041 US

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Europe	03100077.1	16 January 2003	YES
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
PRIOR FOREIGN/PCT API	PLICATION(S) AND ANY PRIOF	RITY CLAIMS UNDER 35 U.S.C. 1	9:
Title 37, Code of Federal Re I hereby claim foreign priori or inventor's certificate or of States of America listed bel any PCT international applie	egulations, § 1.56(a).  ty benefits under Title 35, United f any PCT international application ow and have identified below an cation(s) designating at least one	erial to the examination of this appler of the states Code, § 119 of any foreign on(s) designating at least one county foreign application(s) for patent of the application(s) of which priority	application(s) for patent try other than the United r inventor's certificate or ses of America filed by me
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plural names are listed belo	ow) of the subject matter which is method and apparatus"	name is listed below) or an origina claimed and for which a patent is	
My residence, post office ad	ddress and citizenship are as sta	ated next to my name.	
As a below named inventor	•		

Confibined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)



Attorneys Docket Number PHNL030041 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

FULL NAME OF INVENTOR BOSCH Johannes Wilhelmus Dorotheus  RESIDENCE & CITY STATE OF FOREIGN COUNTRY The Netherlands The Netherlands  POST OFFICE ADDRESS Gerstweg 2 G534 AE Nijmegen The Netherlands  FULL NAME OF INVENTOR DERKS Wilhelmus Dorotheus  RESIDENCE & CITY STATE OF FOREIGN COUNTRY The Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME Wilhelmus Dorotheus The Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME Johannus Theodorus  RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP The Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME STATE & ZIP CODE/COUNT THE Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME Hendrikus Jozef  FULL NAME OF FAMILY NAME FIRST GIVEN NAME Hendrikus Jozef  RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP NIJMEGEN THE Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME Hendrikus Jozef  RESIDENCE & CITY STATE OR FOREIGN COUNTRY THE Netherlands  FULL NAME OF FOREIGN COUNTRY THE Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME STATE & ZIP CODE/COUNT THE Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME THE Netherlands  FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME NAME NAME NAME NAME SECOND GIVEN NAME NAME NAME NAME NAME NAME NAME NA	
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INVENTOR STOKKERMANS Joep	
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FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME	
INVENTOR WETZELS Leon	<del></del>
206 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP	<del></del>
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POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNT	
ADDRESS Appelgaard 28 6662 HM Elst The Netherland	·

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 12 August 2004	DATE 12 August 2004	DATE 12 August 2004
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 12 August 2004	DATE 12 August 2004	DATE

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office (July 1994)

		For Patent Appliant and Power International Applications)	ver of Attorney (Continued)		Attorneys Docket Number PHNL030041 US
POW transa	ER OF ATTORNE ct all business in the	Y: As a named inventor, I hereby a Patent and Trademark Office con	appoint the following attorney(s) a nected therewith. (List name and	and/or agent(s registration n	s) to prosecute this application and umber)
Jack Mich Edwa	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F	No. 26,902 eg. No. 32,266 Reg. No. 30,245		Direct Tele (name and (914)332	phone Calls to: telephone number) 1-0222
	FULL NAME OF INVENTOR	FAMILY NAME BOSCH	FIRST GIVEN NAME Johannes	·	SECOND GIVEN NAME Wilhelmus Dorotheus
201	RESIDENCE & CITIZENSHIP	CITY Nijmegen	STATE OF FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Gerstweg 2	CITY 6534 AE Nijmegen		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DERKS	FIRST GIVEN NAME Wilhelmus		SECOND GIVEN NAME Johannus Theodorus
202	RESIDENCE & CITIZENSHIP	CITY Nijmegen	STATE OR FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Gerstweg 2	CITY 6534 AE Nijmegen		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME  KAMPHUIS	FIRST GIVEN NAME Antonius		SECOND GIVEN NAME Hendrikus Jozef
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	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

The Netherland

6662 HM Elst

STATE OR FOREIGN COUNTRY

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CITY

INVENTOR

**ADDRESS** 

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**RESIDENCE &** 

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U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Offic (July 1994)

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

The Netherlands

The Netherland

## IAPO Rec'd PCT/PTO 19 DEC 2009

## **STATEMENT UNDER 37 CFR 3.73(b)**

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Applicant/Patent Owner:	Koninklijke Philips Ele	ectronics N.C.			
Application No./Patent No.:	Concurrently	Filed/Issue Date:	Concurrently		
Entitled: CHIP TRANSFE	R METHOD AND APPARA	ATUS			
Koninklijke Philips Electro states that it is:	nics N.V., a corporation	1			
★ the assignee of the en	tire right, title and intere	est,			
an assignee of less that The extent (by percent application/patent identification)	tage) of its ownership ir	and interest. nterest is% in	the patent		
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The assignment was re	e inventor(s) of the pat ecorded in the United S , or for which a cop	States Patent and Tr	ademark Office at		
A chain of title from the the current assignee a	e inventor(s), of the pates s shown below:	ent application/pater	nt identified above, to		
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The undersigned (whose ti	tle is supplied below) is	authorized to act or	n behalf of the assignee.		
Date:	<u>5</u> R	espectfully submitte	d,		
	В	y Peter Zawilski, Re Title: Patent Attor			

Title: Patent Attorney Tel: (408) 474-9063 PTO/S8/50 (11-04)
Approved for use through 11/3/0/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPART MENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: Practitioners associated with the Customer Number: 24738 OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 24738 The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fie (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form andor suggestion for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SIGNATURE of Assignee of Record

The dividual whose significant and title is supplied below is authorized to act on behalf of the assignee

Date

Telephone (914)

02 FEB 2005

333-9637

Signature

Michael E. Marion

Authorized Representative

Name

Title

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.